SHADOW HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

30 July 2012

10.00 a.m.

Committee Room 'B', Civic Centre
Victoria Road, Hartlepool

MEMBERS: SHADOW HEALTH AND WELLBEING BOARD
Voting Members (statutory members)
Directly Elected Mayor, Executive Members of the Local Authority, Chief Executive of Local Authority, Representative of Clinical Commissioning Group, Chief Executive/Director of the PCT (transitional arrangements until 2013), Director of Public Health, Director of Child and Adult Social Services, HealthWatch Board Member, Representative of the NHS Commissioning Board, Patient Representative.
Non-Voting Members (non-statutory members)
Director of Regeneration and Neighbourhoods, North Tees and Hartlepool NHS Foundation Trust, Tees Esk and Wear Valley NHS Trust, Voluntary Sector Representative(s), North East Ambulance NHS Trust, Cleveland Fire Authority.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 18th June 2012 *(attached)*

4. **MATTERS ARISING FROM MINUTES**

   4.1 Face the Public Event – 17th July 2012 – Verbal Update by Director of Public Health

5. **ITEM FOR INFORMATION**

   5.1 Presentation on NHS Changes – Verbal Update by Chief Executive, NHS Tees

5.2 Feedback from Teleconference with the Local Government Association Health and Wellbeing Board's Programme – Verbal Update by Director of Public Health

5.3 Final Report into 'Cancer Awareness and Early Diagnosis' – Health Scrutiny Forum (*attached)*

5.4 Scrutiny Investigation into 'Cancer Awareness and Early Diagnosis' – Action Plan – Director of Public Health (attached)

6. ITEMS REQUIRING DECISION

6.1 Health Lives, Healthy People: Update on Public Health Funding – Director of Public Health (*attached)*

6.2 Consultation Process for Health and Wellbeing Board Strategy – Director of Public Health (*attached*)

7. ITEM FOR DISCUSSION

7.1 Presentation by Public Health Team on Alcohol Strategy

8. FUTURE AGENDA ITEMS

9. ANY OTHER BUSINESS

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

18th June 2012

The meeting commenced at 10.00 am in the Cleveland Fire Authority Headquarters, Hartlepool

Present:

The Mayor, Stuart Drummond - In the Chair

Statutory Members

Councillors: Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder)
John Lauderdale (Adult and Public Health Services Portfolio Holder).
Paul Thompson (Finance and Corporate Services Portfolio Holder)

Christopher Akers-Belcher, Hartlepool LINK Co-ordinator
Nicola Bailey, Acting Chief Executive
Dr Paul Pagni, Clinical Commissioning Group
Louise Wallace, Director of Public Health
Margaret Wrenn, Hartlepool LINK Chair

Non Statutory Members: -
Keith Bayley, HVDA
Nichola Fairless, Associate Director of Strategy, Contracting and Performance, North East Ambulance Service
Alan Foster, Chief Exec, North Tees and Hartlepool NHS Foundation Trust
Dave Stubbs, Director of Regeneration and Neighbourhoods
David Turton, District Manager, Cleveland Fire Authority

Also Present:
Sarah Bowman, Acting Consultant in Public Health (NHS Tees)
Ali Wilson, Interim Chief Officer, Hartlepool and Stockton Clinical Commissioning Group/Director of Commissioning, NHS Tees
Catherine Frank, Performance and Partnerships Manager
Amanda Whitaker, Democratic Services Team Manager

Prior to the commencement of the meeting, the Chair congratulated Louise Wallace on her appointment to the post of Director of Public Health for Hartlepool.

60. Apologies for Absence

Jill Harrison, Assistant Director, Adult Social Care, Sally Robinson, Assistant Director, Prevention, Safeguarding and Specialist Services Chris Willis, Chief Executive, North Tees and Hartlepool NHS Foundation Trust, Martin Barkley, Chief Executive, Tees and Esk Valley NHS Trust

61. Declarations of interest by Members

None

62. Minutes of the meeting held on 23 April 2012

Confirmed.

63. Matters arising from Minutes

Update on Troubled Families – In terms of participation in the development and implementation of the Troubled Families Programme, the Director of Public Health reported that a representative had been identified by the Tees Esk and Wear Valley NHS Trust, details of which had been forwarded to the Assistant Director, Neighbourhood Services.

64. Joint Strategic Needs Assessment

The Director of Public Health provided the Board with a verbal update on progress of the web based Joint Strategic Needs Assessment. The website was continuing to be uploaded and it was intended to submit a report to the September meeting of this Board.

65. Public Health Policy Round Up

The Director of Public Health provided a verbal update on Public Health. It was noted that Public Health England had appointed its Chief Executive and appointment of senior officers would follow. It was expected that Public Health Intelligence would be provided together with information in support of establishment of Clinical Commissioning Groups. In terms of secondary legislation on Health and Wellbeing Boards, initial information had been received. It was agreed that information would be circulated to Board Members which could be considered further at the next meeting of the Board.

The Council's Acting Chief Executive informed the Board that consultation on the new funding formula for Public Health had been received recently from the Department of Health and which included information on indicative public health budgets for each Local Authority area. It was agreed to circulate that information to Board Members when further consideration had been given to the information which had been provided. It was intended also to include as an agenda item to a future Tees Valley Chief Executive's meeting.

The Chief Executive of North Tees and Hartlepool NHS Foundation Trust, Alan Foster, advised that he had also received a copy of the document

referred to by Nic Bailey. He added that there could be a funding issue arising as a result of public health expenditure in the North of England currently being higher than in other parts of the country and questioned if the budget could be ring fenced. In response, Board Members were advised that the new funding formula was based on age, rather than health factors. Board Members discussed the implications, and expressed concerns, if the formula was to be based on age considerations. It was agreed that the concerns should be highlighted whenever possible including any network agendas and that MPs should also be made aware of the issue.

Decision

The update was noted.

66. Clinical Commissioning Group – Update on Authorisation

The Shadow Board received an update from Ali Wilson, Interim Chief Officer, Hartlepool and Stockton Clinical Commissioning Group/Director of Commissioning, NHS Tees, which provided Board Members with an update on Clinical Commissioning Group (CCG) authorisation. The presentation covered the background and process for establishment of CCGs, the criteria for authorisation, the authorisation method and details of documents which were required for submission. The CCG Vision was reiterated together with how the Clear and Credible Plan would achieve that Vision and the positive implications on local people.

Ali Wilson responded to questions arising from the presentation in terms of involvement in the authorisation process and clarified involvement of stakeholders in 360 degree survey.

Decision

The update was noted.

67. Partnership Arrangements for the Shadow Health and Wellbeing Board (*Director of Public Health*)

Further to minute 58 of the meeting held on 23 April 2012, the Director of Public Health reported that the new partnership arrangements needed to allow flexibility so that the structure could be responsive to emerging areas of concern. Rather than identify a static range of groups that fall under the Health and Wellbeing Board, it was proposed that a more fluid approach be taken. In order to reflect the role of wider determinants within the Health and Wellbeing Board it was proposed that all groups be clustered under the 6 Marmot policy areas.
It was proposed that owners be identified for each of the policy areas from the Shadow Health and Wellbeing Board Members. They would be the key

contact for all groups under that policy area and would provide the link into the Shadow Board. It was recognised also that the other theme groups would have key roles in the delivery of the policy areas and in some areas would take the lead. In addition to reflect the commissioning and performance role of the Board, it was proposed that a Performance and Commissioning Group be established, the remit of which was set out in the report.

The proposed structure, reflecting the cross cutting nature of the Public Health Outcomes Framework, was appended to the report. Also appended to the report was an initial draft setting out the existing groups and strategies for each of the Marmot policy areas.

In terms of the policy area 'ensure healthy standard of living for all', it was highlighted that only the Child Poverty Strategy had been identified. It was suggested that perhaps other Groups and Strategies should be included. Board Members recognised that almost everything fitted under this overarching policy area. In terms of the current groups which had been identified in the appendix, it was proposed that a Board Member be identified to overview each of the Groups.
Whilst seeking volunteers to lead on policy areas, the reduction in management capacity was recognised together with the need to reduce the duplication in both the representation on groups and the work undertaken by those groups.

Decision

i. The proposed Performance and Commissioning Group was agreed.
ii. The principles of the partnership arrangements that sit underneath the Shadow Health and Wellbeing Board and how they will feed in and support the work of the Board, were agreed.
iii. The following Lead Board Members were identified and it was agreed that the outcome of considerations would be reported to the September meeting of the Shadow Board:-
    - Create and develop healthy and sustainable places and communities – Mayor, Chair of Board
    - Enable all children, young people and adults to maximise their capabilities and have control over their lives – Joint Clinical Commissioning Group and Child and Adult Department representatives
    - Strengthen the role and impact of ill health prevention – Director of Public Health
    - Create fair employment and good work for all - Director of Regeneration and Neighbourhoods
    - Give every child the best start in life – Child and Adult Department representative
    - Ensure healthy standard of living for all – in order to avoid potential duplication a lead was not considered applicable as it was agreed as an overarching policy area with all Board Members having responsibility to deliver.

68. Consultation Process – Health and Wellbeing Strategy

Further to discussion at previous meetings of the Board, Members received a further update on the development of the Health and Wellbeing Strategy with particular reference to consultation timescales and the rationale for determination of the following 2 stages:-

- Decisions on strategic aims and objectives
- Prioritising objectives

With regard to the first stage in the process, it was intended to consult a wide range of organisations and a web based survey would be available. It was proposed to submit a framework to this Board for approval which would then be used to facilitate consultation. The final draft strategy would then be circulated.

The importance of avoiding duplication with the Joint Strategic Needs Assessment (JSNA) was acknowledged. Board Members were advised that the Resource Pack would include key elements of the JSNA. Discussion followed on the format of the Health and Wellbeing Face the Public Event which had been arranged for 17th July. The draft format had been circulated to Board Members. It was agreed that the format be realigned on the basis of discussions held earlier in the meeting when project leads had been identified (minute 67 refers).

Decision

The update was noted and the format of the Health and Wellbeing Face the Public event was agreed.

69. Developing a Communication and Engagement Strategy for the Shadow Board *(Director of Public Health)*

The Director of Public Health highlighted that as the Shadow Health and Wellbeing Board developed into the statutory Board, there would be a need to communicate and engage with the public, key partners and the Voluntary and Community Sector (VCS). It was proposed, therefore, that a small sub group be established to prepare the Communication and Engagement Strategy. In order to assist in the preparation of the Strategy it was also proposed that all partners provide details of their current communication and engagement mechanisms so that, where possible, existing mechanisms are utilised and duplication is avoided. In order to implement the Strategy, an action plan would also be prepared.

Decision

(i) It was agreed that a Communication and Engagement Strategy be prepared and a draft Strategy and Action Plan be prepared to submission to the September meeting of the Board

(ii) It was agreed that the sub group comprise the following:-

- Representative of Hartlepool Borough Council's Press and Public Relations Team (representing also Cleveland Fire Authority)
- Representative of North Tees and Hartlepool NHS Foundation Trust's Communications Team
- Hartlepool LINK Co-ordinator
- Representative of NHS Tees Communications Team
- Representative of Tees, Esk and Wear Valley Communications Team.

70. Transport and Health – Presentation by Director of Public Health and Director of Regeneration and Neighbourhoods

The Board received a joint presentation by the Director of Public Health and the Director of Regeneration and Neighbourhoods. The presentation addressed issues including implications of carbon dioxide emissions, road traffic injuries, physical inactivity and outdoor air and noise pollution. Those issues needed to be considered in context of requirement for transport in terms of enabling access to work, education, economies and social networks. Improvements in public health could be achieved by promoting sustainable and active travel creating health environments and reducing non-communicable disease. Public Health improvements would also be achieved by reducing risk of road injuries, increasing numbers of children walking to school (a cycle training grant had been received to deliver training to 10000 school children) and improvements to cycling infrastructure. A non-recurring grant had been received to deliver childhood injury prevention schemes which would be achieved through partnership working with Children and Adults Department to deliver schemes across communities. The Director of Public Health acknowledged that the transport and health link was a complex issue but considered that it was an issue which this Shadow Board needed to consider.

Following the presentation, the Associate Director of Strategy, Contracting and Performance, provided an update on patient transport services provided by the North East Ambulance Service. Board Members acknowledged opportunities to consider more integrated options to improve effectiveness and efficiency of the provision of transport.

The Hartlepool LINK Co-ordinator, referred to the need to review the Tees Valley criteria relating to the eligibility for free transport to hospital service in light of a number of complaints which had been received by LINK. It was noted that this issue would be considered further by the Clinical Commissioning Group representatives.

It was highlighted also that a number of patients did not attend medical appointments for financial reasons and that although financial assistance was available from the North Tees and Hartlepool NHS Foundation Trust, it was not well advertised to patients. In response, the Chief Executive North Tees and Hartlepool NHS Foundation Trust agreed to consider the possibility of including reference, to the financial assistance which was available towards transport costs, in appointment letters sent out by the Trust.

Board Members acknowledged social inclusion issues associated with provision transport. It was highlighted that the Joint Strategic Needs Assessment included reference to transport. It was agreed to circulate the relevant extract of the JSNA, to the Shadow Board when completed, to ensure up to date information had been captured. It was agreed also that it would be appropriate for the Performance and Commissioning Group to consider this issue and report back to the Board.

Decision

The presentation was noted.

71. Work Programme

The Shadow Board's Work Programme 2012/13 had been circulated. Board Members were requested to notify the Director of Public Health of any additional items for inclusion in the Work Programme.

Decision

The Work Programme 2012/13 was noted.

The meeting concluded at 11.45 a.m.

CHAIR

Shadow Health and Wellbeing Board

30 July 2012

Report of: Health Scrutiny Forum

Subject: FINAL REPORT INTO 'CANCER AWARENESS AND EARLY DIAGNOSIS'

1. PURPOSE OF REPORT

1.1 To present the Final Report of the Health Scrutiny Forum following its investigation into 'Cancer Awareness and Early Diagnosis', for the Board's information.

2. BACKGROUND

2.1 The Final Report, attached as **Appendix A,** outlines the overall aim of the scrutiny investigation, terms of reference, methods of investigation, findings, conclusions, and subsequent recommendations.

2.2 The conclusions of the Health Scrutiny Forum's investigation into 'Cancer Awareness and Early Diagnosis' are detailed as follows:-

(a) That cancer is a major cause of ill health and death in Hartlepool ;

(b) That the vast majority of cancer cases are caused by lifestyle issues such as lack of physical activity and poor diet;

(c) That for lung cancer there is an inextricable link for 90% cases with the patient being a smoker;

(d) That quitting smoking at any age can reduce the risk of contracting lung cancer;

(e) That earlier diagnosis can significantly improve the outcomes of cancer treatment;

(f) That not being aware of cancer signs and symptoms is one of the barriers to early presentation to health care professionals;

(g) That bowel, breast and cervical screening is not about finding cancer, but to look for the changes in a patients body which may lead to cancer;

(h) That there has been a gradual decline in people attending screening programmes in Hartlepool, with Hartlepool falling behind the North East and England averages for screening take-up;

(i) That Hartlepool has a very good stop smoking service which is nationally recognised as an example of good practice; and

(j) That although all GP Practices in Hartlepool have been involved in the 'Be Clear on Cancer' programme, there are still significant differences for screening take-up between GP practices.

3. RECOMMENDATIONS

3.1 Cabinet considered and approved the recommendations of the Health Scrutiny Forum at their meeting of 9 July 2012, following their investigation into 'Cancer Awareness and Early Diagnosis', as detailed below:-

(a) That in relation to the Teesside Cancer Awareness Roadshow:-

(i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and

(ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.

(b) That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA;

(c) That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:-

(i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and

(ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum;

(d) That NHS Hartlepool and the emerging Clinical Commissioning Group:-

(i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and

(ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.

(e) That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued impact, following recent post restructuring;

(f) That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet;

(g) That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:-

(i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and

(ii) Determines appropriate enforcement options for licensed taxi drivers who are in breach of the smoke free workplace.

3.2 The Final Report of the Health Scrutiny Forum is for the Board's information.

4. CONTACT OFFICER

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HARTLEPOOL BOROUGH COUNCIL

HEALTH SCRUTINY FORUM

FINAL REPORT

CANCER AWARENESS AND EARLY DIAGNOSIS

July 2012

HARTLEPOOL BOROUGH COUNCIL

Shadow Health and Wellbeing Board

30 July 2012

HARTLEPOOL BOROUGH COUNCIL

Report of: **Health Scrutiny Forum**

Subject: **FINAL REPORT – CANCER AWARENESS AND EARLY DIAGNOSIS**

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1. PURPOSE OF REPORT

1.1 To present the findings of the Health Scrutiny Forum following its investigation into Cancer Awareness and Early Diagnosis.

2. SETTING THE SCENE

2.1 At the meeting of the Health Scrutiny Forum on 11 August 2011, Members determined their work programme for the 2011/12 Municipal Year. The issue of 'Cancer Awareness and Early Diagnosis' was selected as the main scrutiny topic for consideration during the year.

2.2 Figures from the Department of Health in 2011 indicated that Hartlepool's death from cancer rate was 159.1[1] per 100,000 population under 75 years of age, although this was an improvement on the 2010 rate of 164.3[2] per 100,000 population, it was still comparable to the worst in England.

2.3 NHS Hartlepool is currently promoting the regional campaign "Be Clear on Cancer" which highlights cervical, ovarian, bowel, lung and breast cancer. The campaign also emphasises how earlier detection can save lives, with several factors being highlighted to cause longer delays for patients with cancer, these include:-

(i) Failing to recognise early cancer symptoms;

(ii) Fear / reluctance to seek medical opinion on symptoms; and

(iii) Awareness of screening programmes to detect cancer.

[1] Association of Public Health Observatories, 2011
[2] Association of Public Health Observatories, 2010

2.4 For bowel, breast and cervical cancer there are screening programmes that patients can participate in to ensure that those cancers can be detected as early as possible, so potentially improving outcomes for patients

2.5 Although there are many factors which can contribute to a patient developing cancer, the NHS is quite clear that:-

"Lung cancer is one of the few cancers where there is a clear cause in many cases – smoking. Although some people who have never smoked get lung cancer, smoking causes 9 out of 10 cases"[3]

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 The overall aim of the Scrutiny investigation was to evaluate the effectiveness of the delivery of early detection and awareness raising programmes for cancer, with specific reference to smoking cessation services.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

(a) To gain an understanding of the levels of cancer in Hartlepool;

(b) To explore the methods for early detection and screening of cancer;

(c) To assess the impact and delivery of smoking cessation services; and

(d) To examine the impact of cancer awareness raising activities in the Town and what more can be done to improve outcomes for patients.

5. MEMBERSHIP OF THE HEALTH SCRUTINY FORUM

5.1 The membership of the Scrutiny Forum was as detailed below/overleaf:-

Councillors S Akers-Belcher, Griffin, James G Lilley, Preece, Robinson, Shields, Simmons, Sirs and Wells.

Resident Representatives: Maureen Braithwaite, Norma Morrish and Ian Stewart

6. METHODS OF INVESTIGATION

[3] NHS, 2011

6.1 Members of the Health Scrutiny Forum met formally from 11 August 2011 to 5 April 2012 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

6.2 A brief summary of the methods of investigation are outlined below:-

(a) Detailed Officer reports supplemented by verbal evidence;

(b) Evidence from the Authority's Portfolio Holder for Adults and Public Health Services;

(c) Verbal evidence received from the town's Member of Parliament;

(d) Detailed evidence and presentation received from representatives from Tees Public Health and NHS Tees;

(e) Comprehensive presentation from key cancer consultants and nurses from North Tees and Hartlepool NHS Foundation Trust; and

(f) Presentation by the Director from Fresh.

FINDINGS

7 LEVELS AND CAUSES OF CANCER IN HARTLEPOOL

7.1 Members were very keen to understand the levels and causes of cancer in Hartlepool as a baseline from which the Forum could then assess the impact of early diagnosis and awareness raising campaigns in the Town. Evidence gathered by Members in relation to the levels and causes of cancer in Hartlepool is detailed below:-

Evidence on Levels of Cancer

7.2 When the Forum met on 6 October 2011, Members received a comprehensive presentation from the Speciality Registrar in Public Health from the Tees Public Health Directorate. This presentation extracted some key elements of a much larger piece of work complied in conjunction with the Executive Director of Public Health into an overview of cancer in Hartlepool.

7.3 In focussing on the levels of cancer in Hartlepool, Members were concerned by the figures presented to them by the Speciality Registrar in Public Health and noted the following headline figures:-

(i) Cancer accounted for about 37% of the shorter life expectancy between Hartlepool and England (2006-08);

(ii) That between 1985-2008 the number of cancer cases in Hartlepool rose by 17%;

(iii) That by comparison to paragraph 7.3(ii) the number of cancers cases in the North East rose by 12% and in the rest of England by 15%;

7.4 Members noted that due to the small population sample per Ward area, there was no trend demonstrating less deprived areas had less cancer cases in fact the opposite was surmised as **Chart 1** overleaf confirms. Although the data related to old Ward areas, Members recognised that there was little change in the ward boundaries for the less deprived Wards, such as Elwick and Park, which showed higher numbers of cancer rates.

7.5 Members did, however, acknowledge that the higher cancer levels could have been due to the age profile of the ward and the level of uptake of screening, which was statistically often higher in less deprived areas. This may have been an explanation for the level of cancer mortality rates which were considerably better in Elwick despite the higher occurrence of cancer cases, as **Chart 2** overleaf indicates.

7.6 Members were particularly interested in the figures for the three most common cancers and at their meeting on 6 October 2012 the Speciality Registrar in Public Health provided the information collated in **Table 1** (below) in relation to the number of new cases of cancer from 1985 – 2008.

Table1: Percentage Change in Number of Cases of Cancer from 1985-2008 in Hartlepool

	Lung Cancer	Bowel Cancer	Breast Cancer
Men	- 43%	+ 78%	Not Applicable
Women	+ 5%	+ 56%	+ 62%

7.7 Although overall figures for the number of lung cancer cases in Hartlepool had fallen above the levels for the North East and England and accepting that lung cancer figures for men had dropped dramatically, Members of the Health Scrutiny Forum were somewhat concerned about the increase in lung cancer in women.

7.8 Despite the obvious improvements in the cases of lung cancer particularly for men, Members of the Forum were very concerned about the increase in both bowel and breast cancer cases. Members learnt that the level for bowel cancer was five times higher than the North East average and ten times the level in England. Whilst in relation to breast cancer although Hartlepool was just below the North East average of 70%, this was still significantly higher than the average increase across England of 15%.

Chart 1: Age Standardised Incidence Rate for all Cancers for Hartlepool by Electoral Wards 2003-2007

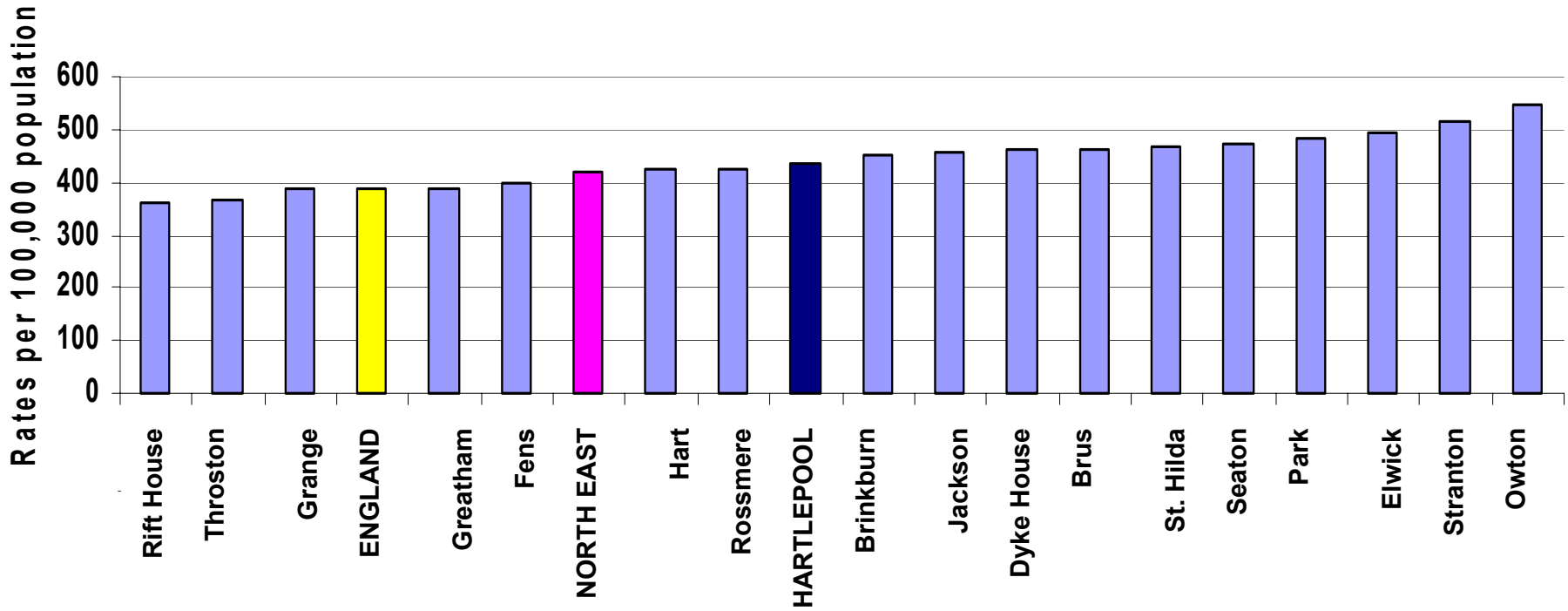
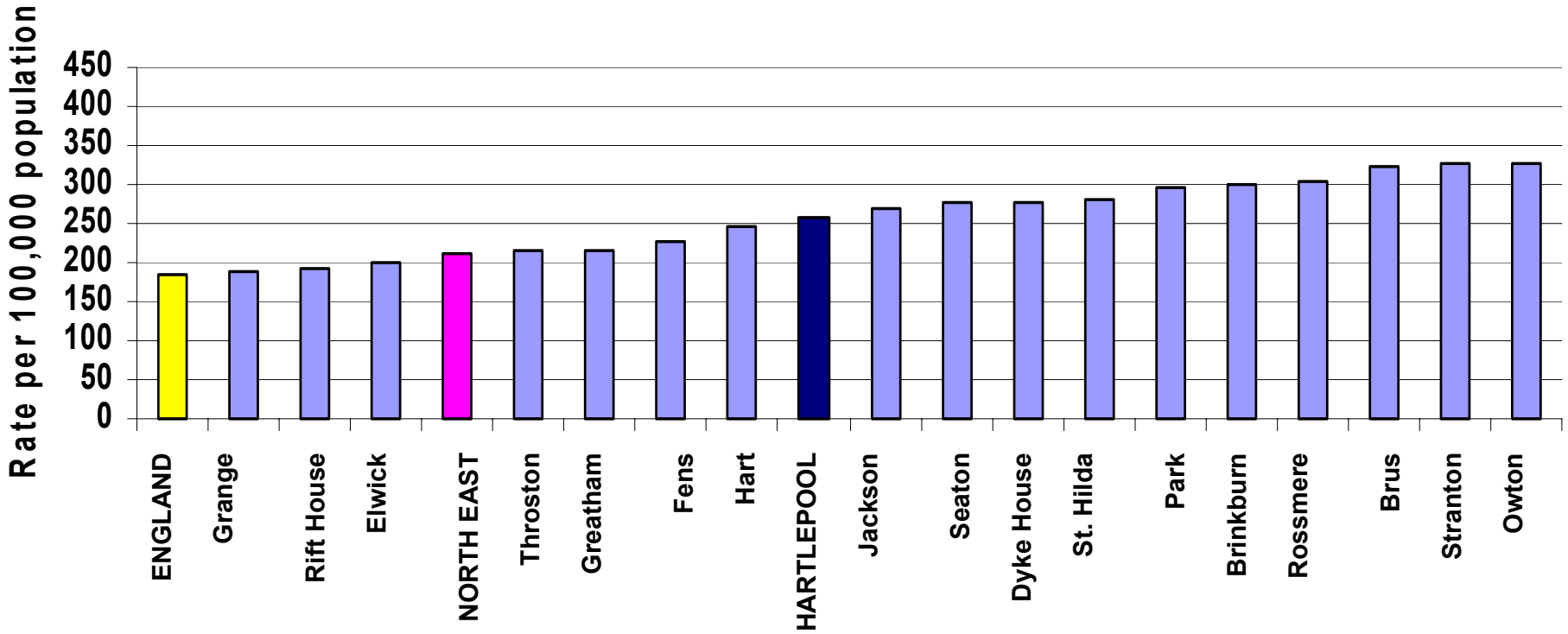


Chart 2: Age Standardised Mortality Rate for all Cancers for Hartlepool by Electoral Wards 2003-2007



Evidence on Causes of Cancer

7.9 In addition to understanding the levels of cancer in Hartlepool, Members wished to be appraised of the causes of cancer. The Speciality Registrar in Public Health at the Tees Public Health Directorate informed Members at their meeting of 6 October 2011, that many cancers had multiple risk factors with complex relationships between these factors. There was for example statistical evidence that breast cancer was often higher in more affluent areas, however, the Speciality Registrar in Public Health categorically stated to Members that evidentially nine out of ten cases of lung cancer could be unequivocally linked to smoking.

7.10 When the Consultant Respiratory Physician at North Tees and Hartlepool NHS Foundation Trust was present at the Health Scrutiny Forum meeting on 26 January 2012, it was reiterated about the dangers of smoking causing lung cancer along with lesser factors such as exposure to radon, asbestos and other industrial carcinogens, however, Members also noted that stopping smoking at any age could reduce the risk of developing lung cancer as **Table 2** (below) detailed:-

Table2: Risk of Male Smokers Developing Lung Cancer at 75 Based on age they Quit

Quitting age ⟶	**Lifetime (75)**	**60**	**50**	**40**	**30**
Risk of Developing lung cancer	15.9%	9.9%	6.0%	3.0%	1.7%

7.11 In relation to bowel and breast cancer it was noted by the Forum that although causes could be complex, there were certain factors that increased the risk of developing cancer. The Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust provided the following as examples of potential cancer causing risk activities when present at the Forum meeting of 26 January 2012:-

(i) Poor Diet;

(ii) Smoking;

(iii) Inactivity / Obesity; and

(iv) High Alcohol Intake.

7.12 Members noted that specifically a high intake of red and processed meat and food containing high levels of saturated fat increased the risk of developing bowel cancer, whilst the long term use of Hormone Replacement Therapy (HRT) could also increase the risk of developing breast cancer.

7.13 Health Scrutiny Forum Members highlighted concerns if there was a link between pancreatic cancer and diabetes. During the meeting on 17 November 2011, the Forum received details of a literature research undertaken by the Speciality Registrar in Public Health at NHS Tees into whether there was a link between the two diseases. Despite evidence that pancreatic cancer can cause a "diabetic state" in a person, Members agreed that it was more likely that as there were shared risk factors such as obesity and smoking for both pancreatic cancer and diabetes, that the two diseases could co-exist without one causing the other. It was, however, noted that at the moment there was insufficient evidence that there was a link.

7.14 During the Forum meeting of 26 January 2012, Members questioned the Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust, about whether there had been any studies into a link between high risk industrial workers suffering from bowel cancer as a result of the ingestion of dust, such as coal particulates. The Consultant Colorectal Surgeon informed Members that although no studies could be brought to mind, often the lifestyles of high risk industrial workers were the causality of their bowel cancer.

8 CANCER SCREENING DELIVERY AND UPTAKE

8.1 The Members of the Health Scrutiny Forum were keen to have an understanding of how cancer screening operated and the level of uptake of screening programmes in Hartlepool. The evidence gathered in relation to cancer screening is details as follows:-

Delivery of Cancer Screening

8.2 When the Forum met on 6 October 2011, the Consultant in Public Health at NHS Tees provided Members with an overview into how cancer screening services were delivered. This evidence was supplemented with detailed evidence when the Clinical Director of Public Health and the Public Health Specialist Nurse at NHS Tees were present at the Forum meeting on 17 November 2011.

8.3 The Public Health Specialist Nurse emphasised, at the Health Scrutiny meeting on 17 November 2011, that screening for cancer did more good than harm and was primarily concerned with detecting changes to the body that might lead to cancer. The process by which each eligible person went through was designed to sift people out who weren't showing signs of cancerous symptoms, so that those with changes in their body which might develop into cancer could be focussed on. However, in order to continue the monitoring of changes to the body, cancer screening programmes often operated on a three yearly cycle.

8.4 At their meeting of 17 November 2011, Members discussed the operation of breast screening services in Hartlepool. The Public Health Specialist Nurse advised Members that there was a mobile breast screening vehicle that

operated from One Life Hartlepool and then travelled to Peterlee. Women were called for breast screening through their GP practice, once they reached the age of fifty. Members the Health Scrutiny Forum raised concerns over the age at when breast screening began and that by contacting women to attend through their GP surgery, resulted in some women being as old as 53 before they received their first screening appointment. The Public Health Specialist Nurse advised Members that from 2012 the NHS Breast Screening Programme would be extended to cover women aged 47-73, which would mean every woman being invited to participate in the breast screening programme by their fiftieth birthday.

8.5 Members met on 6 October 2011, where the Consultant in Public Health from NHS Tees provided the Forum with details of how the bowel cancer screening programme operated. The Consultant in Public Health advised the Forum that bowel cancer screening was directed at those between the ages of 60-69 years old; recently this had been extended to those aged 75 and could be carried out in the comfort of your own home using a free testing kit sent through the post. Members queried why bowel cancer testing was not started before people turned 60 and acknowledged that statistically bowel cancer occurred more frequently for people in their 60s. Members were not surprised that 5-10% fewer men took up the offer of bowel cancer screening than women, although the Consultant in Public Health advised Members that there was emerging evidence of a preference for flexible sigmoidoscopy (using an endoscope) rather than the perceived 'yuck' factor of the testing kit. Members were advised that flexible sigmoidoscopy was being considered as a one-off earlier test for people aged 55, but was yet to be introduced nationally.

8.6 During the Health Scrutiny Forum met on 17 November 2011 Members received details on cervical cancer screening. The Consultant in Public Health highlighted the improvements which had been made in cervical screening. The introduction of Liquid Based Cytology (LBC) had seen a fall in inadequate test results to 2.5% in 2009, this meant that not as many women were recalled for testing and the turnaround in results was a lot quicker. The Forum were also advised by the Consultant in Public Health that the national introduction of the Human Papilloma Virus (HPV) vaccine in 2008 should in time see a reduction in cervical cancer cases, with the two strains of HPV targeted by the vaccine accounting for 70% of the cervical cancer cases.[4]

8.7 Members had questioned why there was no screening programme for pancreatic cancer, with blood tests available which could identify those at risk. The Clinical Director of Public Health at NHS Tees explained to Members at their meeting of 17 November 2011, that while pancreatic cancer was a devastating illness that was often fatal due to the lateness at which it was detected, it did only affect a small percentage of the population. At present there was no agreed testing programme and to introduce one for such a small percentage of the population carried a risk as there was likely

[4] NHS, 2010

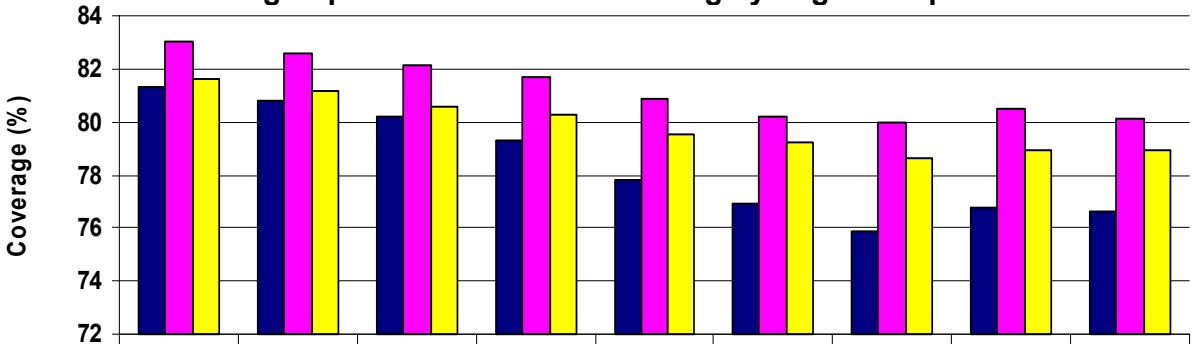
to be more 'false positive' results, which Members agreed could cause unnecessary anxiety for people returning positive results only to be later given the all clear. It was, however, noted by the Forum that where a person's medical or family history indicated a predilection to the disease, a greater monitoring of that person for pancreatic cancer would normally occur.

Uptake of Cancer Screening in Hartlepool

8.8 During the Health Scrutiny Forum meeting of 17 November 2011, Members received evidence from the Clinical Director of Public Health and the Public Health Specialist Nurse at NHS Tees in relation to the uptake of cancer screening in Hartlepool.

8.9 In relation to cervical screening, Members noted that there had been a gradual decline in the uptake as detailed in **Chart 3** (below). The Public Health Specialist Nurse emphasised to Members that the important factor was ensuring that once a woman was participating in the cervical screening programme that they continued to be involved. In relation to the screening levels indicated in **Chart 3**, Members queried the increase in cervical screening during 2008-09, which the Public Health Specialist Nurse explained could have been due to the death of the reality TV star Jade Goody from cervical cancer in March 2009.

Chart 3: Percentage Uptake of Cervical Screening by Eligible Population

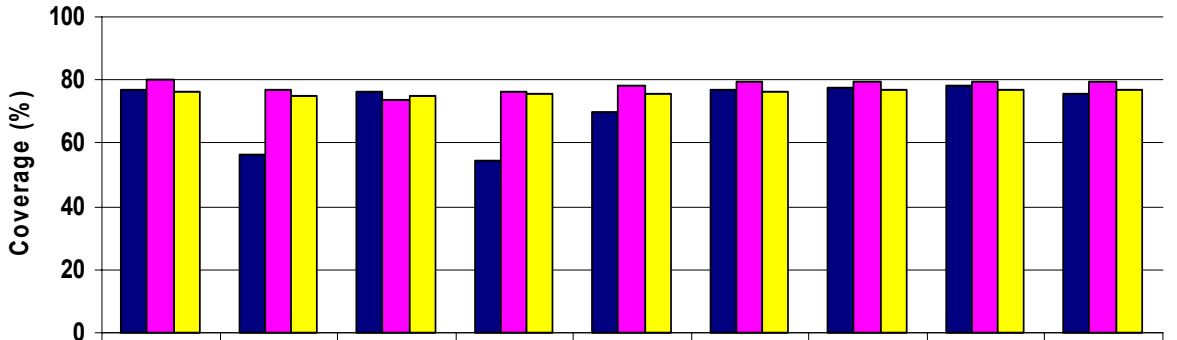


	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Hartlepool	81.3	80.8	80.2	79.3	77.8	76.9	75.9	76.8	76.6
NE SHA	83	82.6	82.1	81.7	80.9	80.2	80	80.5	80.1
England	81.6	81.2	80.6	80.3	79.5	79.2	78.6	78.9	78.9

8.10 Members noted in their meeting of 17 November 2011 that although breast screening had fluctuated and not followed the gradual decline in uptake indicated by cervical screening, there was still an overall downward trend as shown in **Chart 4** (overleaf). Members recognised that some women found breast screening uncomfortable, but when the Consultant Breast Surgeon from North Tees and Hartlepool NHS Foundation Trust was present at the Health Scrutiny Forum meeting on 26 January 2012, it was highlighted that for mammograms the slogan 'six minutes every three years might save your

life' was a message used by staff manning the cancer screening phone calls at the Foundation Trust.

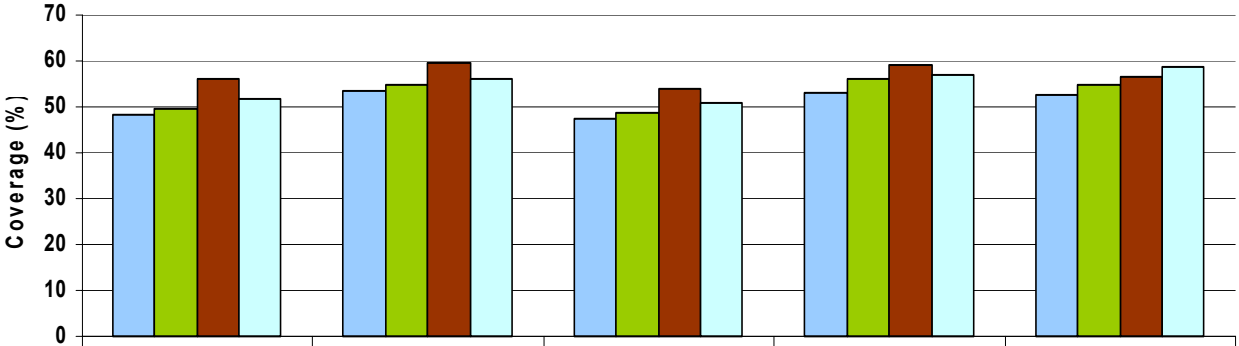
Chart 4: Percentage Uptake of Breast Screening by Eligible Population



	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Hartlepool	77.2	56.4	76.1	54.8	69.6	76.8	77.6	78.2	75.5
NE SHA	80.1	77	73.6	76	78.2	79.4	79.5	79.5	79.4
England	76.1	75.3	74.9	75.5	75.9	76	76.7	77	77.2

8.11 The newest screening programme was for bowel cancer, which was introduced nationally in 2006. Members noted at their meeting of 17 November 2011 that the evidence (see **Chart 5** below) indicated after an encouraging uptake in bowel screening numbers, this had fallen during 2010; despite the overall North East average showing an uptake in figures.

Chart 5: Percentage Uptake of Bowel Cancer Screening by Eligible Population



	Hartlepool	Stockton	Middlesbrough	Redcar & Cleveland	NE Hub
2007	48.3	53.5	47.3	53.1	52.7
2008	49.4	55	48.9	56.3	54.9
2009	55.9	59.7	53.9	59	56.6
2010	51.6	56.2	50.8	57	58.6

8.12 What did concern Members of the Health Scrutiny Forum was the variation in cancer screening take-up across the Town's GP practices, which was highlighted to Members during a presentation by the Speciality Registrar in Public Health to the Forum meeting of 6 October 2011, as collated in **Table 3** overleaf. The Consultant Breast Surgeon, at the meeting on 26 January

2012, reinforced the discrepancy in relation to cancer screening take-up across GP surgeries and reflected the concerns that the cancer team had in relation to these figures, although it was noted that NHS Hartlepool were aware of these anomalies.

Table 3: Percentage of Hartlepool Residents Attending Screening Sessions per Anonymised GP Surgery

Hartlepool GP Practice → / Screening Type ↓	A	B	C	D	E	F	G	H	I	J	K	Hartlepool PCT	England
Breast	70.8	53.3	71.5	65.2	74.5	65.5	71.5	64.8	67.3	52.0	75.2	**68.2**	**71.8**
Cervical	73.2	73.9	68.3	69.1	72.1	72.5	83.9	68.4	72.9	67.8	69.7	**71.6**	**75.4**
Bowel	52.4	40.1	49.3	43.1	57.6	52.9	55.0	52.3	46.7	48.4	52.2	**51.2**	**40.2**

Key:

Lowest take-up of screening

Highest take-up of screening

9 EARLY DETECTION OF CANCER

9.1 When the Health Scrutiny Forum met on 26 January 2012, Members received an extremely detailed presentation from the cancer team at North Tees and Hartlepool NHS Foundation Trust. The team provided Members with very detailed information about why early detection of cancer was important in relation to treatment that could be provided.

9.2 Members were advised by the Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust that early presentation in relation to bowel cancer was very important in terms of survival rates. **Table 4** (overleaf), extracted from the NICE clinical guidelines, detailed five year relative survival rate based on the TNM stage; with TNM relating to the size of the **T**umor, the lymph **N**odes involved and the **M**etastasis (spread of cancer from one part of the body to another part)[5].

[5] Cancer Research UK(1), 2011

Table4: Approximate Frequency and Five Year Relative Survival (%) by TNM Stage

TNM Stage	Approximate Frequency at Diagnosis	Approximate Five-Year Survival
I	11%	83%
II	35%	64%
III	26%	38%
IV	28%	3%

9.3 Although **Table 4** highlighted the need for early presentation and therefore detection of bowel cancer, Members were concerned about the stage of presentation to the Multi-Disciplinary Team (MDT) as described by the Consultant Colorectal Surgeon in **Table 5** below; the Dukes Stage being another way of quantifying the bowel cancer stage:-

Table 5: Stage Presentation to MDT

Dukes Stage[6]	University Hospital of Hartlepool		University Hospital of North Tees		TOTAL	
	Number	Percentage	Number	Percentage	Number	Percentage
A	17	26.6%	38	21.5%	55	22.8%
B	12	18.8%	39	22.0%	51	21.2%
C1	13	20.3%	44	24.9%	57	23.7%
D	11	17.2%	34	19.2%	45	18.7%
No Stage	11	17.2%	22	12.4%	33	13.7%
TOTALS	64		177		241	

9.4 Having heard the evidence in relation to why early detection of bowel cancer was so important for the survival rate, Members of the Health Scrutiny Forum also considered evidence, at their meeting of 26 January 2012, from the Consultant Respiratory Physician at North Tees and Hartlepool NHS Foundation Trust. The Consultant Respiratory Physician described a similar pattern about the importance of early presentation in relation to lung cancer as being more positive for the outcome of any potential treatment.

[6] Cancer Research UK(2), 2011

9.5 **Picture 1** overleaf provided Members with a graphical understanding of which part of the lung each classification stage of lung cancer related to and in conjunction with **Table 6** (below), the Members of the Health Scrutiny Forum had a clear picture of how earlier presentation at Stages I and II would dramatically increase survival rates of five years or more.

Table 6: Lung Cancer Stage and Comparative 5 Year Survival Rate

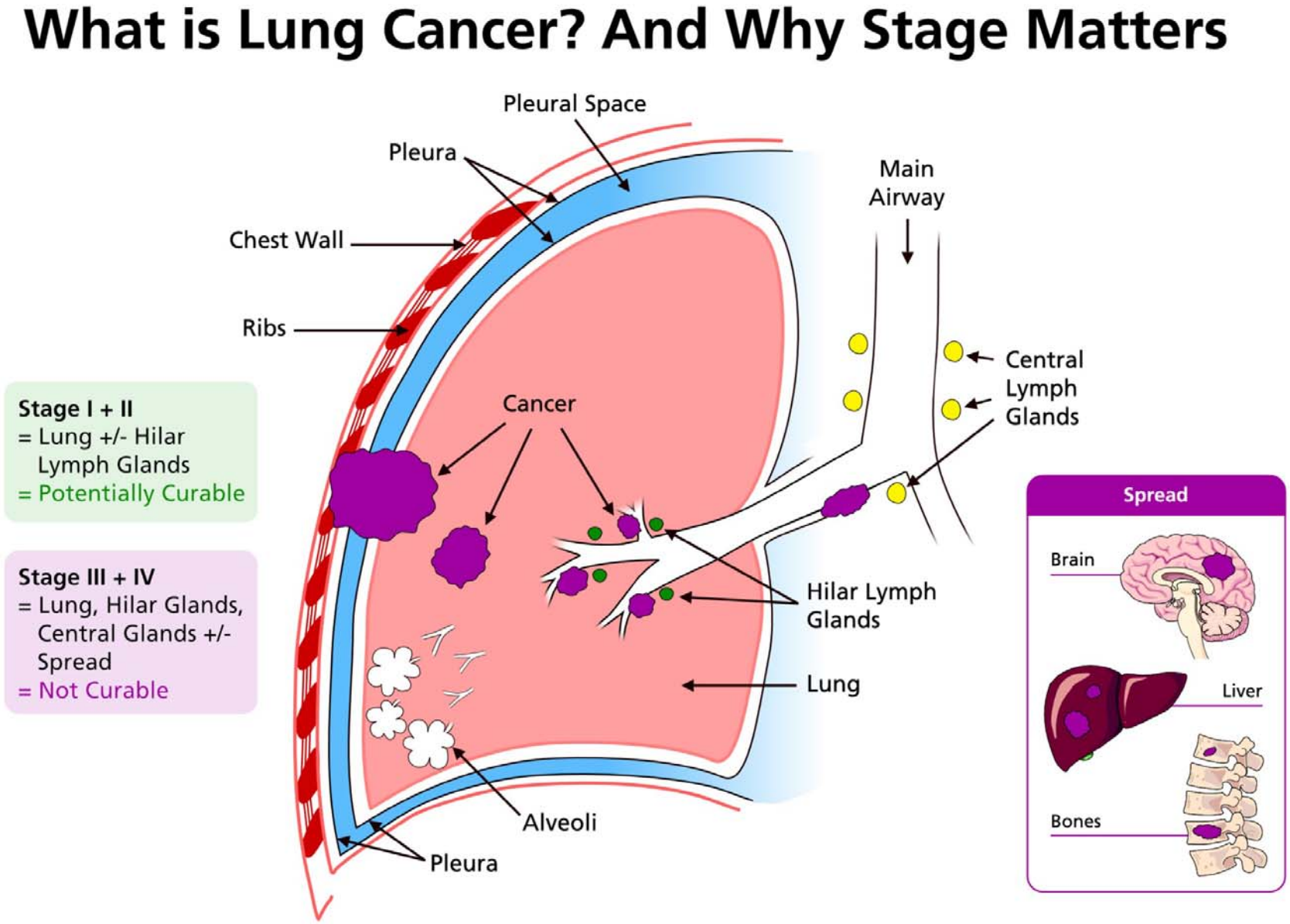
Stage	Non Small Cell Lung Cancer 5 Year Survival %	Small Cell Lung Cancer 5 Year Survival %
Ia	58-73 %	38 %
Ib	43-58 %	21 %
IIa	36-46 %	38 %
IIb	25-36%	18 %
IIIa	19-24 %	13 %
IIIb	7-9 %	9 %
IV	2-13 %	1 %

9.6 Members of the Forum were however, very concerned, when the Consultant Respiratory Physician presented evidence of the stages at which patients, covered by North Tees and Hartlepool NHS Foundation Trust, presented themselves and were diagnosed with having lung cancer; as detailed in **Table 7** (below). With over 70% of patients presenting at Stages III and IV, Members recognised that the outcome in terms of treatment was statistically poor and reflected lung cancer being the largest single contributor to deaths from cancer.

Table 7: Stage at Presentation – National Lung Cancer Audit 2011

Stage	Number (n=145) University Hospital of Hartlepool %	Number (n=170) University Hospital of North Tees %
Ia	4.1 %	10.6 %
Ib	11.7 %	7.1 %
IIa	6.9 %	4.7 %
IIb	6.2 %	5.3 %
IIIa	13.8 %	12.9 %
IIIb	11.0 %	17.1 %
IV	44.8 %	41.8 %

Picture 1:


What is Lung Cancer? And Why Stage Matters
Pleural Space
Pleura
Chest Wall
Ribs
Main Airway
Central Lymph Glands
Cancer
Hilar Lymph Glands
Lung
Alveoli
Pleura
Stage I + II
= Lung +/- Hilar Lymph Glands
= Potentially Curable
Stage III + IV
= Lung, Hilar Glands, Central Glands +/- Spread
= Not Curable
Spread
Brain
Liver
Bones

10 IMPACT AND DELIVERY OF SMOKING CESSATION SERVICES

10.1 Members of the Health Scrutiny Forum had recognised the importance of tackling smoking as a causality of many of the forms of cancer (see paragraph 7.11) as well as being the major contributory factor in 90% of cases of lung cancer. At their meeting of 5 April 2012 Members also considered additional evidence from ASH which sourced various studies into the effects of second hand smoke, with the Scientific Committee on Tobacco and Health (SCOTH) stating in a 2004 report that non smokers exposed to second hand smoke had a 24% increased risk of lung cancer. Members were, therefore, very interested in examining the impact of smoking cessation and other initiatives to combat the levels of smoking in Hartlepool, with evidence gathered during those meetings detailed as follows:-

Evidence from Stockton and Hartlepool Stop Smoking Service

10.2 When the Health Scrutiny Forum met on 23 February 2012, the Head of Health Improvement provided details that 24.7% of adults in Hartlepool smoked regularly, with this figure rising to 31.2% for manual / routine workers and over 44% in some Wards in the Town. At the end of the 2010/11 municipal year Members were informed that 22.6% of women were recorded as smoking at the time of giving birth. Although this compared poorly with a regional average of 21.1% and a national average of 13.5%. This data was, however, tempered and it pleased Members that there had been a major improvement in reducing smoking during pregnancy which was as high as 30% only five years ago.

10.3 In recognising the level of the smoking problem in Hartlepool, the Forum were informed of the major impact of the Stockton and Hartlepool Stop Smoking Service in the Town. The Director from Fresh informed Members, at their meeting of 23 February 2012, that Hartlepool had a stop smoking service they should be proud of and was nationally seen as an exemplar for how stop smoking services should operate.

10.4 The Stop Smoking Service Manager provided the Forum, on 23 February 2012, with a very detailed breakdown of Hartlepool's performance against the other Local Authorities in the North East; as summarised in **Table 8** (overleaf).

Table 8: Impact of Stop Smoking Services in 2010/11

Local Authority Area	% of 'Vital Signs'[7] Target Achieved	% of Clients Lost to Follow-up	% of Estimated Smoking Population Accessing Stop Smoking Services[8]	% of Pregnant Women Smoking at Delivery Accessing Stop Smoking Service & Setting a Quitting Date
Durham	95.1 %	35.4 %	9.6 %	21.1%
Darlington	101.0 %	34.7 %	9.3 %	28.5 %
Gateshead	101.4 %	38.5 %	13.8 %	28.6 %
Hartlepool	107.4 %	21.7 %	18.5 %	88.2 %
Middlesbrough	98.9 %	27.4 %	12.4 %	19.3 %
Newcastle	78.2 %	28.4 %	7.1 %	25.4 %
Stockton on Tees	113.2 %	21.9 %	11.9 %	35.6 %
North Tyneside	93.2 %	26.3 %	11.2 %	24.4 %
Northumberland	100.2 %	35.1 %	12.1 %	26.2 %
Redcar & Cleveland	92.9 %	26.2 %	13.3 %	22.5 %
South Tyneside	100.6 %	38.1 %	15.0 %	22.3 %
Sunderland	101.1 %	38.9 %	12.6 %	35.9 %

10.5 Members were delighted that in terms of clients lost to follow up and the estimated smoking population accessing stop smoking services, Hartlepool was outperforming the other North East Local Authorities. In particular Members were impressed with the 88.2% of pregnant women accessing and setting a quitting date for their smoking, however, the Stop Smoking Service Manager informed Members that recently the Head of Community Midwifery had been involved in a restructure and the post amalgamated, it was hoped that this did not impact on the currently impressive access figures.

Evidence from Fresh

10.6 The Director of Fresh was present at the Health Scrutiny meeting of 23 February 2012 and delivered an impassioned presentation to Members about the work of Fresh in combating the dangers of smoking. The Director for Fresh did highlight that smoking rates in the North East were declining at a faster rate that anywhere else in the country and this was mainly due to the partnership approach adopted across the region. Members were also advised that smoking should be the number one Public Health priority for the next ten years, as solving the issue would have major health benefits for the population as a whole.

10.7 Members of the Forum were provided with details of Fresh's campaign for plain, standardised tobacco packaging during the meeting of 23 February 2012. The Director for Fresh evidenced that two thirds of smokers begin before they are 18 years old, with the average age in the North East being 15. Fresh were very clear that there were many examples of cigarette packaging which was designed to attract young people to begin smoking and

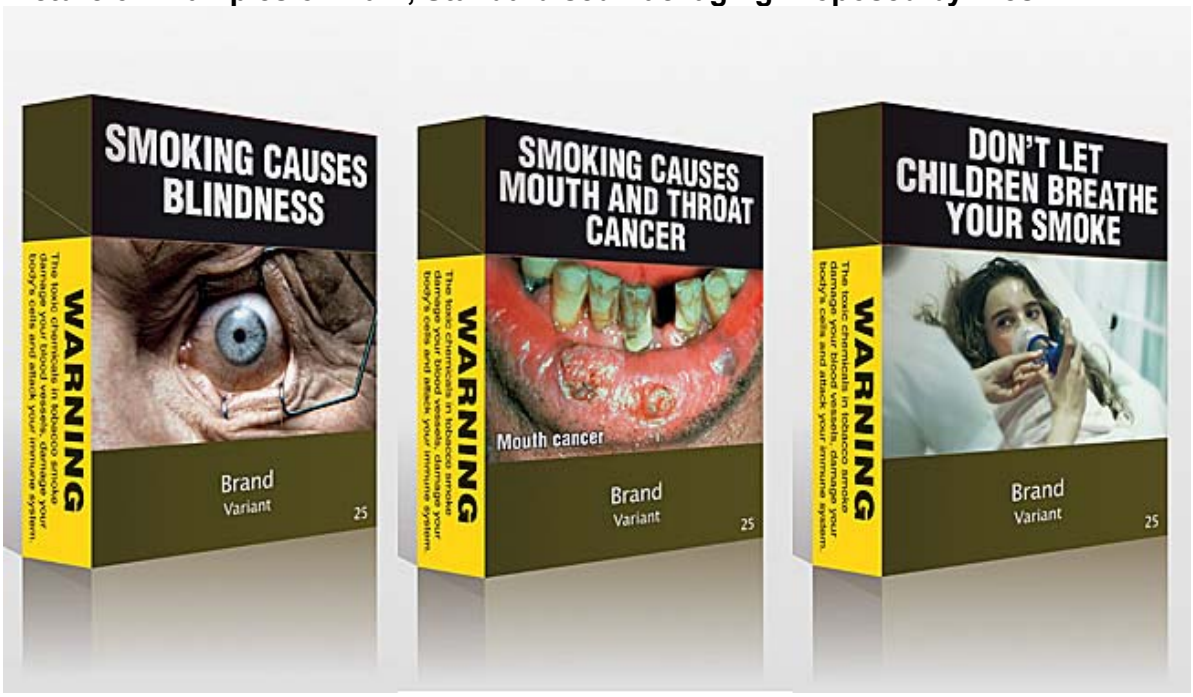
[7] Vital Signs are a set of National Performance Indicators
[8] Based on Integrated Household Survey prevalence (October 2009 – September 2010)

Members looked at a number of examples including the cigarette packaging shown in **Picture 2** (below) and in **Appendix A**.

Picture 2: An Example of Cigarette Packaging with a Particular Target Audience

10.8 The aim of the campaign by Fresh was to discourage young people from beginning to smoke, by having plain, standardised tobacco packaging. Members were informed that the Australian Government were introducing plain packaging from December 2012 and it was hoped that the UK Government would support the proposal. In considering the evidence from Fresh, the Health Scrutiny Forum was very supportive of this approach and felt that the images used on the cigarette packaging needed to be as strong as possible, in line with the examples shown in **Picture 3** (overleaf).

Picture 3: Examples of Plain, Standardised Packaging Proposed by Fresh



11 IMPACT OF CANCER AWARENESS RAISING ACTIVITIES

11.1 When Members met on 23 February 2012, they considered evidence from a study carried out by Dr Una Macleod into why some cancer patients were delayed in seeking medical advice. Dr Macleod argued that:-

"The predominant risk factor for patient delay is a lack of interpretation by patients of the serious nature of their symptoms…If a symptom is atypical, or vague in nature, the risk of delayed presentation can be increased."[9]

Dr Macleod went on to cite various studies from 2002-2009 which indicated that:-

"General population surveys in the United Kingdom indicate a widespread lack of awareness of the symptoms of cancer…These low levels of symptom awareness may partly explain why the type of symptom and recognition of the seriousness of symptoms are consistent risk factors for delayed patient presentation."[9]

[9] Macleod, U. et al., 2009

11.2 However, Dr Macleod also highlighted that in addition to lack of awareness of cancer symptoms (as highlighted in paragraph 11.1), the various studies from 2002-2009 also made the following point that:-

"Equally, these surveys report that people hold negative beliefs and attitudes about the benefits of seeking medical help for cancer, which include fear, embarrassment, reluctance to bother the general practitioner and nihilism about cancer treatments."[10]

11.3 Having considered that the evidence from Dr Macleod pointed towards an issue around public awareness of cancer symptoms, the Forum wished to focus on the impact of cancer awareness raising activities in the Town. Members recognised that awareness of cancer symptoms was a key component in ensuring early presentation and better outcomes, as supported by the evidence from the cancer team at North Tees and Hartlepool NHS Foundation Trust (see Section 9). Evidence gathered by Members in relation to cancer awareness raising activities is detailed below:-

Impact of the Be Clear on Cancer Programme

11.4 The Cancer Awareness and Early Diagnosis Project Manager from NHS Tees provided Members with details of a survey commissioned by NHS Hartlepool entitled the Hartlepool Cancer Awareness Measure (CAM). The CAM was designed to collate people's awareness of the signs and symptoms of lung and bowel cancer. The Cancer Awareness and Early Diagnosis Project Manager informed the Forum that the first CAM undertaken in February 2011 in Hartlepool had produced the following results:-

(i) 33% of respondents were unable to name any signs or symptoms of bowel cancer;

(ii) 26% of respondents were unable to name any signs or symptoms of lung cancer; and

(iii) 28% of the respondents said that they currently smoked cigarettes.

11.5 As a response to the results from the CAM; Members of the Health Scrutiny Forum were informed that, NHS Hartlepool started a promotion of the regional cancer awareness programme 'Be Clear on Cancer' in May 2011. This involved producing a number of resources, such as posters (see **Appendix B**), information on beer mats, bus adverts and bingo dabbers; all with the aim of increasing people's awareness of the signs and symptoms of lung and bowel cancer.

11.6 The Health Scrutiny Forum were made aware by the Cancer Awareness and Early Diagnosis Project Manager that a second CAM was undertaken in June 2011 to evaluate the impact of the 'Be Clear on Cancer' campaign, with

[10] Macleod, U. et al., 2009

Members being delighted with the results where; 32% of respondents spontaneously identified blood in stools as a sign or symptom of bowel cancer; and 46% of respondents spontaneously identified a persistent cough as a sign or symptom of lung cancer.

11.7 Members were pleased to hear that the 'Be Clear on Cancer' campaign was now being run on a National basis to increase general awareness of cancer signs and symptoms, with the hope that people would present to a healthcare professional much earlier.

Implementation of the National Awareness and Early Diagnosis Project

11.8 The Cancer Awareness and Early Diagnosis Project Manager, at the Forum meeting of 23 February 2012, emphasised that 'Be Clear on Cancer' was only one initiative aimed at raising the public's awareness of cancer signs and symptoms. Members were also informed that the implementation of the National Awareness and Early Diagnosis (NAEDI) Project by NHS Tees was another important area of improving awareness of cancer signs and symptoms.

11.9 The Tees NAEDI Project built on the existing Healthy Heart Check Programme; with Members recognising that Cardiovascular Disease (CVD) and cancer shared common risk factors, such as those identified by the cancer team at North Tees and Hartlepool NHS Foundation Trust in paragraph 7.11. The Cancer Awareness and Early Diagnosis Project Manager highlighted that due to the established nature of the Healthy Heart Check Programme for all 40-74 olds fitting the inclusion criteria, there was a focussed group of people that could be targeted with cancer awareness information. In addition the Forum was pleased to learn that all GP Practices in Hartlepool were participating in the NAEDI Project, which would result in all Practice staff being trained in relation to awareness of cancer signs and symptoms. This commitment by Hartlepool GPs to the NAEDI Project also ensured that the 'Be Clear on Cancer' campaign was embedded in all GP Practices across Hartlepool.

The Teesside Cancer Awareness Roadshow

11.10 When the Health Scrutiny Forum met on 23 February 2012, the Macmillan Cancer Information and Volunteer Facilitator from NHS Tees presented to Members details of the Teesside Cancer Awareness Roadshow; which was a two year initiative funded by Macmillan Cancer Support. Members leant that the aim of the Teesside Cancer Awareness Roadshows were to:-

"Increase awareness of cancer symptoms, encourage uptake of NHS screening programmes and encourage people to seek help"

11.11 The Forum were pleased to learn that the Teesside Cancer Awareness Roadshow could be delivered in a bespoke manner, with a number of different carnival games designed to raise the awareness of cancer signs symptoms, encourage people to actively seek help and increase take-up of

screening programmes. The Macmillan Cancer Information and Volunteer Facilitator explained to Members that the balance of the importance and potential sensitivity of the subject was not lost through the utilisation of fun elements, with the aim of embedding the messages into people's minds, rather than giving them handouts to take away.

12 IMPROVING OUTCOMES FOR PATIENTS

12.1 Throughout the investigation into Cancer Awareness and Early Diagnosis, Members of the Health Scrutiny Forum placed great importance in discovering what more could be done to improve outcomes for patients, with the evidence gathered detailed as follows:-

Evidence from the Member of Parliament for Hartlepool

12.2 The Forum warmly welcomed the Member of Parliament for Hartlepool to their meeting on 6 October 2011. The MP reminded Members that for all there had been real health improvements in Hartlepool, the gap between Hartlepool and the rest of the Country was still large and more still needed to be done to bridge that gap. However, the MP was clear that this was not a criticism of colleagues in the health sector who were doing a marvellous job, but that people in Hartlepool needed to present themselves a lot sooner to healthcare professionals for early diagnosis and treatment; which was particularly vital in relation to cancer.

12.3 The MP made a number of recommendations to the Forum in relation to where it was felt a greater impact could be made in improving outcomes:-

(i) Encourage and Incentivise People to Come Forward and see their GP;
Although some people are aware of cancer symptoms, they are fearful of presenting themselves as they see it as a 'death sentence' and with the advances in treatment, this now was not necessarily the case.

(ii) Targeted Screening;
This could be very effective at increasing screening uptake by delivering it at venues such as the football club, hairdressers and local employers including the Council.

(iii) Good Practice in Other Areas;
Doncaster had achieved much success in getting men to attend screening sessions earlier. With the statistics pointing to men in their 60s presenting with cancer, screening was focussed on men in their 50s to diagnose cancers early, therefore, resulting in better outcomes in many cases.

12.4 In concluding evidence to the Forum, the MP was very clear that even in a time when finances were tight, it would be a mistake to move from

prevention and early diagnosis activities to treatment, as this would result in fire fighting the disease, this in the MP's view would be a false economy particularly when the evidence pointed towards better outcomes as a result of earlier presentation.

Evidence from the Portfolio Holder for Adults and Public Health Services

12.5 When the Forum met on 6 October 2011, Members were delighted to receive evidence from the Portfolio Holder for Adults and Public Health Services. The Portfolio Holder reflected on the increasing Public Health role that the Council would be taking on board through the Health and Social Care Bill. The Portfolio Holder felt that the increased influence in Public Health could only be beneficial in strengthening the Council's ability to improve outcomes through closer partnership working as advocated through the formation of the Health and Wellbeing Board.

12.6 In reflecting on what more could be done to improve outcomes, the Portfolio Holder reminded the Forum of the Town's industrial past and that although the messages on a healthier lifestyle, cancer, obesity and smoking should continue and be improved where possible, there needed to be a recognition that impact on health improvement statistics could still take some time to come through.

12.7 The Portfolio Holder did recommend to Members of the Health Scrutiny Forum that the challenge was how to raise awareness without coming across the audience as being patronising. The Portfolio Holder felt that the work done by the British Heart Foundation in targeting young children about the importance of a healthy lifestyle which then fed into the family was a good example of how health outcomes could be improved without directly mentioning cancer.

Evidence from North Tees and Hartlepool NHS Foundation Trust

12.8 When the cancer team from North Tees and Hartlepool NHS Foundation Trust was present at the Forum meeting of 26 January 2011, the team provided details of suggestions for how outcomes could be improved for cancer patients, with the common themes as follows:-

(i) Encourage greater participation in screening;

(ii) Raise awareness of cancer symptoms;

(iii) Reduction in obesity;

(iv) Sensible alcohol intake;

(v) Healthy lifestyle; and

(vi) Regular physical lifestyle.

12.9 In addition to the recommendations identified under paragraph 12.8, the Consultant Respiratory Physician commented, that in relation to lung cancer and its inextricable link to smoking for 90% of cases:-

(i) It was a key issue to ensure children did not start smoking; and

(ii) Where people were helped to stop smoking that this was done in a positive, supportive and non blame manner; promoting healthy environments and how the risk of lung cancer could be reduced when quitting at any age.

13 CONCLUSIONS

13.1 The Health Scrutiny Forum concluded:-

(a) That cancer is a major cause of ill health and death in Hartlepool ;

(b) That the vast majority of cancer cases are caused by lifestyle issues such as lack of physical activity and poor diet;

(c) That for lung cancer there is an inextricable link for 90% cases with the patient being a smoker;

(d) That quitting smoking at any age can reduce the risk of contracting lung cancer;

(e) That earlier diagnosis can significantly improve the outcomes of cancer treatment;

(f) That not being aware of cancer signs and symptoms is one of the barriers to early presentation to health care professionals;

(g) That bowel, breast and cervical screening is not about finding cancer, but to look for the changes in a patients body which may lead to cancer;

(h) That there has been a gradual decline in people attending screening programmes in Hartlepool, with Hartlepool falling behind the North East and England averages for screening take-up;

(i) That Hartlepool has a very good stop smoking service which is nationally recognised as an example of good practice; and

(j) That although all GP Practices in Hartlepool have been involved in the ‘Be Clear on Cancer’ programme, there are still significant differences for screening take-up between GP practices.

14 RECOMMENDATIONS

14.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet and partner health organisations are as outlined below:-

(a) That in relation to the Teesside Cancer Awareness Roadshow:-

(i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and

(ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.

(b) That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA;

(c) That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:-

(i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and

(ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum;

(d) That NHS Hartlepool and the emerging Clinical Commissioning Group:-

(i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and

(ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.

(e) That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued impact, following recent post restructuring;

(f) That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet;

(g) That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:-

(i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and

(ii) Determines appropriate enforcement options for licensed taxi drivers who are in breach of the smoke free workplace.

ACKNOWLEDGEMENTS

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from those named overleaf:-

Hartlepool Borough Council:

Councillor Ged Hall – Former Portfolio Holder for Adults and Public Health Services

Louise Wallace – Assistant Director for Health Improvement

Carole Johnson – Head of Health Improvement

Pat Marshall – Stop Smoking Service Manager

External Representatives:

Iain Wright – Member of Parliament for Hartlepool

Dr Victoria Ononeze – Speciality Registrar in Public Health, Tees Public Health Directorate

Madeleine Johnson – Consultant in Public Health, NHS Tees

Laura McGuinness – Cancer Awareness and Early Diagnosis Project Manager, NHS Tees

Dr Toks Sangowawa – Clinical Director of Public Health, NHS Tees

Rachel Fawcett – Public Health Specialist Nurse, NHS Tees

Mr Mat Tabaqchali – Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust

Norma Robinson – Lead Colorectal Nurse Specialist, North Tees and Hartlepool NHS Foundation Trust

Dr Neil Leitch – Consultant Respiratory Physician, North Tees and Hartlepool NHS Foundation Trust

Tessa Fitzpatrick – Macmillan Lung Specialist Nurse, North Tees and Hartlepool NHS Foundation Trust

Mr Colm Hennessy – Consultant Breast Surgeon, North Tees and Hartlepool NHS Foundation Trust

Jan Harley – Lead Breast Nurse Specialist / Lead Cancer Nurse, North Tees and Hartlepool NHS Foundation Trust

Aisal Rutter – Director, Fresh

Pete Moody – Macmillan Cancer Information and Volunteer Facilitator, NHS Tees

COUNCILLOR STEPHEN AKERS-BELCHER
CHAIR OF THE HEALTH SCRUTINY FORUM

July 2012

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Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel:- 01429 523647
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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 8 September 2011

(ii) The Association of Public Health Observatories (2011), *Health Profile 2011 Hartlepool*, Available from: http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 15 August 2011)

(iii) The Association of Public Health Observatories (2010), *Health Profile 2010 Hartlepool*, Available from: http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 15 August 2011)

(iv) NHS (2011), *Lung Cancer*, Available from: http://www.beclearoncancer.co.uk/lung-cancer (Accessed 15 August 2011)

(v) Presentation by Assistant Director for Health Improvement entitled 'Cancer in Hartlepool: An Overview' delivered to the Health Scrutiny Forum meeting of 6 October 2011

(vi) Report of the Executive Director of Public Health and Speciality Registrar in Public Health, Tees Public Health Directorate entitled 'Cancer in Hartlepool: An Overview' presented at the meeting of the Health Scrutiny Forum of 6 October 2011

(vii) Report of the Scrutiny Support Officer entitled 'Cancer Awareness and Early Diagnosis – Evidence from Member of Parliament for Hartlepool and the Portfolio Holder for Adult's and Public Health – Covering Report' presented at the meeting of the Health Scrutiny Forum of 6 October 2011

(viii) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation in to Cancer Awareness and Early Diagnosis – Setting the Scene Presentation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 6 October 2011

(ix) Report of the Scrutiny Support Officer entitled 'Cancer Screening – Covering Report' presented at the meeting of the Health Scrutiny Forum of 17 November 2011

(x) Report of the Tees Valley Health Scrutiny Joint Committee entitled 'Cancer Screening Across the Tees Valley – Final Report' presented at the meeting of the Health Scrutiny Forum of 17 November 2011

(xi) Report of the Scrutiny Support Officer entitled 'Pancreatic Cancer and Diabetes' presented at the meeting of the Health Scrutiny Forum of 17 November 2011

(xii) Report of the Speciality Registrar in Public Health, NHS Tees entitled 'Pancreatic Cancer and Diabetes – Is there Evidence of a Link?' presented at the meeting of the Health Scrutiny Forum of 17 November 2011

(xiii) Presentation of the Public Health Specialist Nurse, NHS Tees entitled 'The Role of Screening in Cancer Awareness' delivered to the Health Scrutiny Forum meeting of 17 November 2011

(xiv) Report of the Scrutiny Support Officer entitled 'Evidence from North Tees and Hartlepool NHS Foundation Trust – Covering Report' presented at the meeting of the Health Scrutiny Forum of 26 January 2012

(xv) NHS (25 November 2011) Waiting times for suspected and diagnosed cancer patients: quarter ending September 2011, Available from: http://www.dh.gov.uk/health/2011/11/cancer-waiting-times/ (Accessed 10 January 2012)

(xvi) Presentation of the Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Cancer Awareness and Early Diagnosis' delivered to the Health Scrutiny Forum of 26 January 2012

(xvii) Presentation of the Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Bowel Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012

(xviii) Presentation of the Consultant Respiratory Physician, North Tees and Hartlepool NHS Foundation Trust entitled 'Lung Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012

(xix) Presentation of the Consultant Breast Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Breast Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012

(xx) Report of the Scrutiny Support Officer entitled 'Evidence on Smoking Cessation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 23 February 2012

(xxi) Fresh (2011), *Smoke Free North East*, Available from: http://www.freshne.com/ (Accessed 6 February 2012)

(xxii) Report of the Scrutiny Support Officer entitled 'Evidence on Cancer Awareness – Covering Report' presented at the meeting of the Health Scrutiny Forum of 23 February 2012

(xxiii) NHS Hartlepool (2012), *Cancer Roadshow*, Available from: http://www.hartlepool.nhs.uk/content/page.aspx?page=394 (Accessed 7 February 2012)

(xxiv) Macleod, U. Mitchell, ED. Burgess, C. Macdonald, S. Ramirez, AJ (2009) 'Risk factors for delayed presentation and referral of symptomatic cancer: evidence of common cancers' *British Journal of Cancer*, [Online] paper no. 101. Available from:

http://www.nature.com/bjc/journal/v101/n2s/full/6605398a.html (Accessed 7 February 2012)

(xxv) NHS (2010), *HPV vaccine – Why it is Needed*, Available from: http://www.nhs.uk/Conditions/HPV-vaccination/Pages/Why-it-should-be-done.aspx (Accessed 17 February 2012)

(xxvi) Cancer Research UK (1) (2011), *TNM and number stages of bowel cancer*, Available from: http://cancerhelp.cancerresearchuk.org/type/bowel-cancer/treatment/tnm-and-number-stages-of-bowel-cancer (Accessed 21 February 2012)

(xxvii) Cancer Research UK (2) (2011), *Duke's staging of bowel cancer*, Available from: http://cancerhelp.cancerresearchuk.org/type/bowel-cancer/treatment/dukes-stages-of-bowel-cancer (Accessed 21 February 2012)

(xxviii) Presentation of the Macmillan Cancer Information and Volunteer Facilitator, NHS Tees entitled 'Teesside Cancer Awareness Roadshow' delivered to the Health Scrutiny Forum of 23 February 2012

(xxix) Presentation of the Cancer Awareness and Early Diagnosis Project Manager, NHS Tees entitled 'Cancer Awareness and Early Diagnosis Initiatives' delivered to the Health Scrutiny Forum of 23 February 2012

(xxx) Presentation of the Director, Fresh entitled 'Plain, Standardised Tobacco Packaging' delivered to the Health Scrutiny Forum of 23 February 2012

(xxxi) Presentation of the Stop Smoking Service Manager entitled 'Stockton & Hartlepool Stop Smoking Service' delivered to the Health Scrutiny Forum of 23 February 2012

(xxxii) Presentation of the Head of Health Improvement entitled 'Smoking & Tobacco Control' delivered to the Health Scrutiny Forum of 23 February 2012

(xxxiii) Macleod, U. Mitchell, ED. Burgess, C. Macdonald, S. Ramirez, AJ (2009) 'Risk factors for delayed presentation and referral of symptomatic cancer: evidence of common cancers' *British Journal of Cancer*, [Online] paper no. 101. Available from: http://www.nature.com/bjc/journal/v101/n2s/full/6605398a.html (Accessed 7 February 2012)

(xxxiv) Report of the Scrutiny Support Officer entitled 'Information on Second Hand Smoke' presented at the meeting of the Health Scrutiny Forum of 5 April 2012.

(xxxv) Ash (2011), *ASH Fact Sheets: Second Hand Smoke*, Available from: http://www.ash.org.uk/files/documents/ASH_113.pdf (Accessed 6 March 2012)

(xxxvi) Minutes of the Health Scrutiny Forum of 11 August 2011, 8 September 2011, 6 October 2011, 17 November 2011, 26 January 2012, 23 February 2012 and 5 April 2012.

Appendix A

PLAIN PACKS PROTECT

CIGARETTE PACK DESIGNS

The **Plain Packs Protect** campaign wants all cigarettes in plain standardised packs. The evidence is clear that plain packs are:

- **less attractive, especially to young people;**
- **strengthen the impact of health warnings; and**
- **make the packs less misleading.**

Tobacco companies describe current packs as ***'mobile advertising for the brand'*** - help stop this by signing up to **www.plainpacksprotect.co.uk**

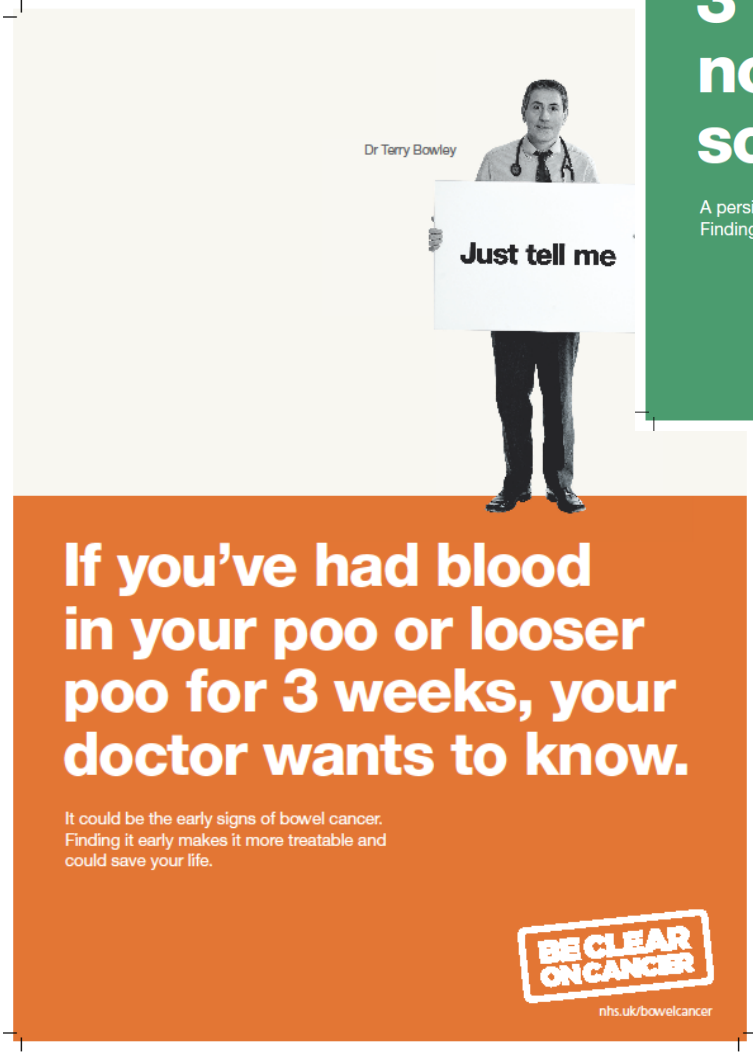
Popular brands with children

Designed to attract young women

New designs are coming on the market all the time

Appendix B

Be Clear on Cancer Posters



Shadow Health and Wellbeing Board

30 July 2012

Report of: **Director of Public Health**

Subject: **SCRUTINY INVESTIGATION INTO 'CANCER AWARENESS AND EARLY DIAGNOSIS' – ACTION PLAN**

1. PURPOSE OF REPORT

1.1 To share with the Shadow Health and Wellbeing Board the Action Plan in response to the findings and subsequent recommendations of the Health Scrutiny Forum's investigation into 'Cancer Awareness and Early Diagnosis'.

2. BACKGROUND

2.1 As a result of the Health Scrutiny Forum's investigation into 'Cancer Awareness and Early Diagnosis', a series of recommendations have been made. Cabinet considered the Final Report and Action Plan at their meeting on 9 July 2012 and accepted the recommendations and action plan. The action plan is detailed in **Table 1** overleaf.

3. RECOMMENDATIONS

3.1 The action plan is for the Board's information and are requested to note the action plan.

4. CONTACT OFFICER

Contact Officer: Louise Wallace – Director of Public Health
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Table 1:

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Cancer Awareness and Early Diagnosis

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION+	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
(a)	That in relation to the Teesside Cancer Awareness Roadshow:- (i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and (ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.	Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August – Civic Centre 12th September – Civic Centre 13th September – Brian Hanson 24th September – Brain Hanson 18th October – Civic Centre There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences	None	Health Improvement Specialist – Workplace Health	End of November 2012

(b)	That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA.	The 2012/13 JSNA on smoking has been completed and is 'live' on the website. www.teesjsna.org.uk	None	Head of Health Improvement	July 2012
(c)	That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:- (i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and (ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum.	A literature review will be undertaken on this issue and the result feedback to Health Scrutiny Forum. **This action is to be agreed by the Hartlepool and North Tees CCG Board**	None	Director of Public Health	September 2012
(d)	That NHS Hartlepool and the emerging Clinical Commissioning Group:-	The Director of Public Health will ensure that the Hartlepool Clinical Commissioning Group is informed about levels of uptake	None	Director of Public Health	September 2012

	(i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and (ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.	across the various screening programmes and ensure actions are taken to promote uptake across all eligible populations. The Director of Public Health will write a strategy for increasing awareness of the importance of screening programmes. This strategy will focus on maximising opportunities within the local community and amongst employers. A key part of the strategy will be to engage occupational health departments. **This action is to be agreed by the Hartlepool and North Tees CCG Board**	None	Director of Public Health	October 2012
(e)	That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued	Continue to implement the smoking in pregnancy action plan as part of the wider smoking cessation programme. Support from North Tees and Hartlepool NHS Foundation Trust has continued despite staffing changes. Improvement in reducing smoking in pregnancy continues in	None	Head of Health Improvement	April 2013

	impact, following recent post restructuring.	Hartlepool.			
(f)	That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet.	The British Heart Foundation funded Project commenced on 1st April. This is a 3 year project aimed at children and young people between 7-14 years and will focus on the issues of smoking, healthy eating and increasing physical activity. Although aimed at preventing heart disease there will be an impact on cancer prevention.	British Heart Foundation dedicated project funding	Cardiovascular Disease Nurse Practioner	April 2013
(g)	That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:- (i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and (ii) Determines appropriate enforcement options for licensed taxi drivers who	HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles. Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution.	None	Public Protection	April 2013

	are in breach of the smoke free workplace.	Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence. To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have issued.			

[+] please detail any risk implications, financial / legal / equality & diversity / staff / asset management considerations

* please note that for monitoring purposes a date is required rather than using phrases such as 'on-going

Shadow Health and Well Being board REPORT

Report of: Director of Public Health

Subject: HEALTHY LIVES, HEALTHY PEOPLE: UPDATE ON PUBLIC HEALTH FUNDING

1. PURPOSE OF REPORT

1.1 The purpose of this report is to inform Shadow Health and Well Being board proposals regarding future public health funding. Proposals for funding are set out in 'Healthy Lives, Healthy people: Update on Public Health Funding – Department of Health (DH) June 2012. Comments on these proposals are being invited by the Department of Health until mid August 2012.

2. BACKGROUND

2.1 The publication of 'Healthy Lives, Healthy People: Our Strategy for Public Health in England published in November 2010 outlined the Government's vision for the future of public health. The Government's Strategy was developed in the light of 'Fair Society, Healthy Lives: The Marmot Review: Strategic Review of Health Inequalities post 2010.

2.2 The Government's vision for public health proposes significant changes for the leadership and delivery of public health. One of the most significant changes is the new leadership role local government will play in improving and protecting the health of the population. The transferring of responsibilities for public health from the NHS to Local Government is very significant and local political leadership is central to this.

2.3 In order to enable local government to discharge the new responsibilities for public health 2013, the Government made proposals for funding this as set out in 'Healthy Lives, Healthy People: Engagement on the funding and commissioning routes for public health – DH 2011'. It is proposed that public health services will be funded by a new public health budget, separate from NHS resources for public health. Commitment was given to ensure local authorities are adequately funded for their new public health responsibilities and any additional net burdens would be funded in line with the Government's New Burdens Doctrine.

2.4 In summary, the principal routes through which public health functions will be funded post 2013 are:

- Ring-fenced grants to upper and unitary authorities
- Through the NHS Commissioning Board: and
- Public Health England (newly created national Executive Agency of the Department of Health for public health)

3. Engagement on Public Health Funding

3.1 'Healthy Lives, Healthy people: Update on Public Health Funding – (DH) June 2012 proposes the following:

- Next steps on moving on from estimates of baseline spend published in February 2012 following a comprehensive mapping of 2010/11 actual spend on public health by the Primary care Trust.
- Conditions of the grant to be awarded to local government post 2013.
- Health premium incentive

3.2 It is estimated that nationally £5.2 billion will be spent on delivering the new public health system of which £2.2 billion of this will be allocated to local authorities to fund their new public health responsibilities. A commitment has been given to support planning that in 2013-14 investment will not fall below these estimates in real terms other than in exceptional circumstances.

3.3 In order to move from baseline mapping to actual budget, the following steps are proposed:

- Understanding the baseline
- Setting the preferred relative distribution of resources
- Setting the total resources available
- Deciding how quickly to move organisations from a baseline position towards a level of resource implied by the preferred distribution (pace-of-change policy).

3.4 Given the complexity of setting national budgets and other factors including demographic change, new policies, efficiency gains, at this stage there is no firm information on actual levels of allocation and pace-of-change policy. The restrictions on growth however mean that initially, progress towards preferred distribution is likely to be slow.

3.5 The document also highlights the interim recommendations of the Advisory Committee on resource Allocation (ACRA) that has informed the engagement document. ACRA was commissioned to develop a formula for the allocation of the public health budget relative to population need and health outcomes. The recommendations made by ACRA are based on the standardized mortality ratio (SMR) for those aged under 75 years (SMR<75). This measures how many more or fewer deaths there are in a local area compared to the national average on a standardized population basis. The higher the SMR the higher the number of deaths. It is important to acknowledge that this is just one

measure and that this does not infer that the allocation should not reflect the needs of those people over 75 years. ACRA proposes that in areas with highest SMR<75 years should have a weighting that is three times greater per head than those with lower SMR<75 years. ACRA also recommends that the funding formula should include an adjustment for differences in unavoidable costs. The Area Cost Adjustment (ACA) based on that used in the local government funding formula is proposed to be used. The Office of National Statistics (ONS) projected resident population for 2012 should be used as the population base. The ACRA recommendations are interim and there is a recognition further work is needed before making final recommendations to influence the funding formula for allocations.

3.6 It is anticipated that the ring fenced public health grant will made up of three elements:

- Component to fund the 5 mandated services to be commissioned and delivered. These services are national childhood measurement programme, healthy heart checks, sexual health services, core offer to NHS of public health support, health protection plan.
- Component to fund the other 18 non mandatory services e.g. smoking, obesity services
- Component to fund drug services currently commissioned by Drug Action Teams through the pooled treatment budget.

When the grants are made to local government there will not be a distinction made between the mandated and non mandated elements. However, for drug services in the interim, it is expected that allocations in this area will follow the approach used currently. The focus on this element is based on number of people successfully competed drug treatment.

3.7 The concept of health premium or incentivising areas has caused concern through the previous national consultations on public health funding. Given the concerns regarding how the health premium could be developed to properly reward progress, it proposed to delay health premium payments until 2015-16.

4. What does this mean for Hartlepool?

4.1 The interim recommendations from ACRA are based on relative shares of the national resource for local government not absolute monetary values. This is because until the national resource is known for certain it is not possible to be accurate. The pace-of-change policy can only then be determined, although, there is a commitment to protect investment in each local authority area during this Spending Review.

4.2 However, if the national resource available was £2.2 billion, the implications for Hartlepool as implied by ACRA's interim recommendations for the preferred relative distribution of resources is circa 0.24%.The baseline estimate in 2012/13 of public health actual spend is circa 0.35%. In monetary

terms, this would mean a loss of £2.288 million from the baseline budget of £7.685 million to £5,297 million.

4.3 The table below illustrates Hartlepool's position in relation to the rest of the North East councils.

2012/13 Baseline		Indicative Formula		Indicative long term Gain / Loss	
	£000	% of Total	% Share	Allocation (if total is £2,223m) £000	£000
Hartlepool	7,685	0.346%	0.238%	5,297	-2,388
Middlesbrough	14,872	0.669%	0.379%	8,417	-6,455
Stockton	11,914	0.536%	0.424%	9,426	-2,488
Redcar and Cleveland	10,110	0.455%	0.302%	6,717	-3,393
Darlington	6,482	0.292%	0.215%	4,773	-1,709
County Durham	42,905	1.930%	1.039%	23,106	-19,799
Northumberland	10,969	0.493%	0.541%	12,033	1,064
Gateshead	14,496	0.652%	0.443%	9,845	-4,651
Newcastle	18,213	0.819%	0.647%	14,393	-3,820
North Tyneside	8,513	0.383%	0.400%	8,903	390
South Tyneside	11,970	0.538%	0.336%	7,471	-4,499
Sunderland	19,468	0.876%	0.612%	13,619	-5,849
NORTH EAST	177,598	7.987%	5.577%	124,000	-53,598

5. Proposed Conditions of the Public Health Grant

5.1 The public health grant will be made to local authorities under section 31 of the Local Government Act 2003. It will carry conditions as to what it can be used to fund, although it is expected that this will be limited to ensure maximum flexibility for the local authority to net their new health improvement duty. It is expected that the main focus of this money will be to invest in the mandated and discretionary public health services which will become the responsibility of the local authority. It is expected that local authorities will invest the grant to met needs identified through Joint Strategic Needs Assessment and joint Health and Well Being Strategies.

5.2 There will be standard governance, financial management and reporting requirements on the use of public funds by local authorities which will apply equally to the public health grant. These include the Accountable Officer role of the Chief Financial Officer and the local government obligation to secure best value.

5.3 It is expected that actual allocations will be published before the end of 2012.

6. Key Issues

6.1 The following are key issues that may wish to be considered as part of the response to this consultation:

- The size of the national budget for public health needs to be known as soon as possible.
- The certainty of funding for 2013/14 and 2014/15 needs to be confirmed to add stability through transition.
- The baseline funding position is a reflection of discretionary PCT investment and not on a needs based formula.
- The preferred 'pace of change' policy would be that of the Department of Health.
- The formula used needs to reflect need, deprivation and not just standardized mortality ratio.

7. RECOMMENDATIONS

7.1 Shadow Health and Well Being board is asked to note the proposals within the report and offer comments back to the Department of Health before the end of the engagement period of 14th August 2014.

8. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

No appendices attached to this report.

9. ACKGROUND PAPERS

9.1 Healthy People, Healthy Lives: Our strategy for Public Health in England - DH November 2010
'Healthy Lives, Healthy People: Engagement on the funding and commissioning routes for public health – DH 2011'

'Healthy Lives, Healthy people: Update on Public Health Funding – Department of Health – DH June 2012.

10. CONTACT OFFICER

Louise Wallace
Director of Public Health
4th Floor Civic Centre
Hartlepool Borough Council

Shadow Health and Well Being Board

Report of: Director of Public Health

Subject: CONSULTATION PROCESS FOR HEALTH AND WELLBEING STRATEGY

1. PURPOSE OF REPORT

1.1 The purpose of this report is to outline to Shadow Health and Well Being board the proposed consultation process for the draft joint Health and Wellbeing Strategy (JHWS).

1.2 It is anticipated that the consultation process will allow for consultation with stakeholders on the strategic aims and objectives to be set out in the strategy and also, to prioritise the strategic objectives to deliver the strategic aims for health and wellbeing in Hartlepool.

2. BACKGROUND

2.1 The NHS reform requires the Local Authority with partners agencies including the NHS to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final draft of the strategy must be completed by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.

3. CONSULTATION PROCESS

3.1 The aims of the consultation process are:

1. To consult stakeholders on the strategic aims and objectives to be set in the JHWS for Hartlepool;

2. To prioritise the strategic objectives to deliver the strategic aims for health and wellbeing in Hartlepool.

3.2 The purpose of consultation is as follows:

- Understand stakeholder views
- Incorporate into Strategy where possible and appropriate
- Fulfill democratic mandate of Local Authority

- Ascertain strategic objectives
- Prioritise objectives
- Inform work programme
- Inform stakeholders of current position
- Manage expectations of stakeholders
- Build platform for ongoing feedback and meaningful stakeholder engagement

3.3 The desired outcomes of consultation are:

Outcome for aim 1:

A set of strategic aims for the Health and Wellbeing Strategy for Hartlepool; and strategic objectives that describe how the Health and Wellbeing Board and its partners will address the aims.

Outcome for aim 2:

A set of strategic objectives that have been prioritised according to agreed criteria.

3.4 The following principles will be adopted during the consultation process:

- Fit with and maximise existing consultation processes
- Add to the existing process as needed
- Be 'fit-for-purpose' for the new world
- Clear process for consultation, with clear definitions e.g. definitions of different types of evidence and different types of need
- Consult a wide range of 'appropriate' stakeholders
- Clear aims and outcomes
- Build on existing work where appropriate
- Encourage innovative and creative working
- Clear expectations about the process and outcomes of consultation
- Clear communication and feedback processes from the consultation

3.5 The consultation process will be carried out in three stages. The stages may not be mutually exclusive; however staging the process encourages a focused approach on specific outcomes throughout a potentially complex process. Different methods will be used for each stage.

Stage 1: Consultation on the strategic aims and objectives for the JHWS

This will enable wide stakeholder engagement on a range of topics and will encourage creative thinking, discussion about what is already done and about where the gaps might be. Stage 1 consultation will be carried out through the 'Face the Public' event and consultation with existing key stakeholder forums:

- Strategic Partners' Group
- Four theme groups:

- Shadow Health and Wellbeing Board
- Safer Hartlepool Partnership
- Housing Partnership
- Economic Regeneration Forum

- Neighbourhood fora
- Clinical Commissioning Group

It will be important to ensure the most vulnerable groups (who are the most likely to suffer poor health and wellbeing outcomes) are consulted through the above groups.

3.6 Method for consultation

Consultation at 'Face the Public' events will be through:

- Providing background context and information to delegates
- Setting expectations and outcomes
- Facilitated workshop discussions to generate strategic aims and objectives

Consultation with existing stakeholder groups and fora will be through:

- Circulation of the available draft JHWS as a discussion point
- Facilitated discussion through attendance at group meetings (a framework for discussion will be provided to ensure the group is consulted on the areas and issues required)

3.7 Stage 2: Prioritisation of the strategic objectives.

This will enable prioritisation of the objectives according to a set of agreed criteria to encourage objectivity. The process will use the strategic objectives generated in stage 1 and is likely to be a structured process.

A framework for prioritisation will be selected based on evidence of good practice and discussion with the Shadow Health and Wellbeing Board. The framework will cover a range of criteria e.g. evidence base, service user and public views, economic considerations and political considerations. The framework will be used to facilitate a structured discussion on how the list of objectives generated in stage 1 should be prioritised.

3.8 Stage 3: Consultation on the draft JHWS

The outcomes of stages 1 and 2 will be assimilated to draw conclusions. These will be fed back to the Shadow Health and Wellbeing Board and will be used to draft a draft JHWS document, which will be circulated for consultation and comment with a wide range of stakeholders.

The draft will be circulated to the key stakeholders from stages 1 and 2 of the consultation process plus additional groups and stakeholders, with a brief

questionnaire to encourage a broad and structured response. It will also be made available on the Local Authority website, together with the consultation questionnaire.

The outcomes of the consultation will be used to inform the final draft of the JHWS, which will be presented to the shadow Health and Wellbeing Board. The work programme for delivery on the objectives will be generated from the JHWS.

3.9. What is needed for consultation?

- List of existing groups
- Existing mechanisms
- Gap analysis
- Proposals to consult on the draft Strategy
- Information pack: evidence base, existing services, possibly cost information / info. on financial resources and pressures
- Have a clear process for feeding back to consultees on the outcome of the consultation and resulting actions
- Have a clear process for incorporating the views of stakeholders into plans
- Clear process (and communication of this process) for ongoing feedback to Health and Wellbeing Board on implementation of the Strategy, once official consultation is complete
- Process for engaging and using the media where appropriate
- Process for linking to other groups who relate to the consultation e.g. CCGs, GPs, VCS

4. Process and timescales

4.1 The following timetable is proposed for the key stages in developing the JHWS:

Step 1 – Initial consultation and development. June – October 2012		
Where	**Description**	**Date of Meeting**
Forward Plan	Entry for Forward Plan due by 14th August 2012	N/A
Face the Public Event	Initial workshops based around 6 Marmot Themes	17 July 2012
Cabinet	Initial report on HWB Strategy setting out the consultation process.	23 July 2012
Scrutiny Coordinating Committee	Initial report on HWB Strategy setting out the consultation process.	27 July 2012

Shadow Health & Wellbeing Board	Initial report on HWB Strategy setting out the consultation process.	30 July 2012
Health Scrutiny Forum	Initial report on HWB Strategy setting out the consultation process.	23 August 2012

During this period further consultation opportunities are being explored, including;

- Practitioner Workshop
- A half day CCG / HW Board event
- Young people specific consultation
- Online consultation utilising survey monkey tool

Step 2 – Formal Consultation Period. October 2012 – February 2313 (minimum 8 week requirement)		
Where	**Description**	**Date of Meeting**
Cabinet	Present draft for consultation	15 October 2012
Health Scrutiny Forum	Present draft for consultation	18 October 2012
Scrutiny Coordinating Committee	Present draft for consultation	19 October 2012 (6 weeks required)
Shadow Health & Wellbeing Board	Present draft for consultation	22 October 2012

Step 3 – Final consultation and endorsement. January – February 2012.		
Where	**Description**	**Date of Meeting**
Forward Plan	Entry for Forward Plan due by 13th November 2012	N/A
Scrutiny Coordinating Committee	Second Draft for comment / endorsement	25 January 2013
Shadow Health & Wellbeing Board	Second Draft for comment/ endorsement	28 January 2013
Cabinet	Second Draft for comment / endorsement	4 February 2013
Health Scrutiny Forum	Second Draft for comment / endorsement	7 February 2013

Step 4 - Political Approval for Strategy. March – April 2013.		
Where	**Description**	**Date of Meeting**
Health Scrutiny Forum	Final Strategy for approval	7 March 2013
Scrutiny Coordinating Committee	Final Strategy for approval	8 March 2013
Shadow Health & Wellbeing Board	Final Strategy for approval	11 March 2013
Cabinet	Final Strategy for approval	2 April 2013
Council	Final Strategy for approval	11 April 2013

5. RECOMMENDATIONS

5.1 Shadow Health and Well Being board is asked to note the process of consultation for the Joint Hartlepool Health and Wellbeing Strategy.

6. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

No appendices attached to this report.

7. BACKGROUND PAPERS

None

8. CONTACT OFFICER

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